Mail to:	Date Entered:
Dennis R. Downs, Director	
Division of Solid and Hazardous Waste	
P.O. Box 144880	

## 2005 SOLID WASTE TIRE STORAGE FACILITY ANNUAL REPORT

Administrative Information Please enter all the information requested below.

Salt Lake City, Utah 84114-4880

Calendar or fiscal year of re	port:	
	provide period covered: From	To
Facility Name:		
Facility Mailing Address:	(Number & Street, Box and/or Route)	
City	(Number & Street, Box and/or Route)	
	State: Zip Code:	
County:		
Contact's Name	Phone No.:()	
m: 1		
Contact's Email Address		
Owner		
	Dhona No (	
Mailing Address	Phone No.:()	
Maning Address:	(Number & Street, Box and/or Route)	
City:	, State: Zip Code:	
City	, statezip code	
Operator (Complete this section only	if the operator is not an employee of the Owner shown above)	
-	Phone No.: ( )	
Mailing Address:		
Maning Address.	(Number & Street, Box and/or Route)	
Citv:	, State:Zip Code:	
<u>-</u>		
Facility Status		
Currently in Operation	Closed - Date:	
currently in operation	Closed - Date: (The "Closed - Date" is the date that all compost was r	removed from the site)
<b>Annual Waste Tire Activity</b>		
	ved in reporting period:	
	ved in reporting period:	
Current number of waste tire	es at facility:	
Tons of waste tires currently		

('ilrrent ('logure ('ogt Heti	imate:	
Current Post-Closure Cos	et Estimate:	
Current Financial Assurat	nce Mechanism:	
(ie. Bond, Trust Fund, Corporat	te or government Test etc.)	
Financial Assurance Mechanism Holder:  (ie. Name of Bond Company, Bank etc If PTIF Account give account number)  Current Amount or Balance in Mechanism:		
Signature:	Date:	
Signature should be by an executive officer, general p representative must meet the requirements of the solid	partner, proprietor, elected official, or a duly authorized representative. A duly authorized I waste rules (UAC R315-310-2(4)(d)).	
Print name:	Title:	